

HANFORD SITE BERYLLIUM QUESTIONNAIRE

Beryllium Monitoring Program



AdvanceMed Hanford
Occupational Health Services

Name		HID #	H	Contractor				
Preferred Address				Work Phone #				
Job Title				Current Work Location <small>(area/bldg/room)</small>				
Current Date	<small>(Mo/Year)</small>	Original Hanford Start Date	<small>(Mo/Year)</small>					
Have you worked at any other DOE site?		<input type="checkbox"/> Yes (name of site) _____ <input type="checkbox"/> No						
Have you ever been screened for Beryllium?		<input type="checkbox"/> Yes <input type="checkbox"/> No						
Suspect Beryllium Facilities. Place a check (✓) next to any buildings you have worked.								
MSL-5	231-Z	272-W	305-B	311-TF	326	334-A	3706	3731-A
RTL-520	234-5Z	303-F	306	313	327	1154	3708	3745-B
100-DR	241-A	303-J	306-W	314	328	1706-KE	3712	3751-A
202-S	271-B	303-K	306-E	318	329	1713-F	3716	EDL
209-E	272-AW	303-M	308	324	331	2101-HV	3718	PSL
222-T	272-WA	304	309	325	333	2714-W	3720	2703-E
1234/36/50/52	272-S	6 TH ST Warehouse		2400 Stevens		2707 SX		
Other: Please list all other Area(s), building(s) and room(s) where beryllium work was conducted if not listed above:								
Describe job title and/or functions during the times you worked in suspected beryllium facilities:								
Did you use protective equipment for beryllium work activities (respirator, clothing, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No								
<small>If yes, what kind:</small>								
Comments:								